REQUEST FOR DISLOCATION ALLOWANCE (DLA)
AND/OR DEPENDENT TRAVEL ALLOWANCE

_____
(Date)

MEMORANDUM

From: _____
      (Rank/Rate, Name, Branch of Service, SSN)
To: Officer in Charge, U.S. Navy Personnel Support Activity Detachment, _____

Subj: REQUESTS FOR ADVANCE PAYMENT OF DISLOCATION ALLOWNCE (DLA) AND/OR TRAVEL ALLOWANCE

Ref: (a) JFTR(U5250, U5165, U6013)

Encl: (1) Copy of completed application for Shipment and/or Storage of Personal Property (DD Form 129)
      (2) Copy of orders

1. I request advance payment of DLA and dependent travel allowance, if transportation is not provided In CONUS for my dependents, as authorized by reference (a). Enclosures (1) and (2) are forwarded to support payment of advance allowances.

2. I certify my intention to relocate my dependent(s) and by the mode of travel from the Aerial Port of Debarkation as indicated below:

Name (Last, First, MI)	Relationship	DOB (Children)	MODE OF TRAVEL (PA/CP/TP/GP)	From	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. The location indicated above is the place where my dependent(s) will establish a bonafide residence Which is (CHECK ONE): ( ) in the vicinity of my new permanent duty station ( ) the designate place of residence for my dependents. I understand that in the event my dependent(s) do not move, repayment of the advance is due immediately.

4. I understand that the advance travel allowance is computed locally based on the information I have given. In the event my planned itinerary is changed, additional payment or collection action will be initiated when I submit my travel claim at my new permanent duty station.

_____
Signature/Date